Approved for use through 1/1 1/2000 CMB 0611-0032 Under the Paperson Baduction Act of 1995, no princips are required to respond to a pollection of information unless it displays a yall OMB control number. U.S. Polent and Trademark Office; U.S. DEPARTMENT OF COMIERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docker Humber
10/694 976 Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) · (Caimin 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EKIRA RATE (\$1 BASIC FEE RATE (\$) FEE(S) NVA 137 CFR 1 16(4) (b) a (c)) N/A. AVH 150.00 NIA 300.00 SEARCHFEE N/A . (37 CFR 1 16(W. 14, or [m]) NIA NA \$250 NIA EXAMINATION FEE \$600 : NA (37 CFR 1 16(0), (p), or (q)) N/A NA \$100 NA \$200 TOTAL CLAIMS (37.CFR 1 16(0) X\$ 25 minus 20 . X\$50 INDEPENDENT CLAIMS ÓR (37 CFR 1 16(N)) X100 * Counim X200 Il the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR | 16(4)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(Q) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT DT CFR I IGUI +180= +360= * If the difference in column 1 is less than 2010, onler "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3): OR SMALL ENTITY SMALL ENTITY CLXIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) ADDI-3|3|0,6 RATE(\$) AFTER PREVIOUSLY HOOM AMENDMENT TIONAL MENDMENT PAID FOR TIONAL FEE (1) ficial circum FEE (1) Minus X\$ 25 X\$50 hdependens . OR . Minus X100 X200 OR Application Size Fée (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-AFTER. RATE (\$) PREVIOUSLY **EXTRA** ADOI-TIONAL TIONAL FEE (1) PAID FOR Total properties FEE (\$) Minus X\$ 25 X\$50 thorpendent . Minus X100 X200. OR. Application 6 to 640 (37 CFR 1.16(8)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.160) +180= +360z OR TOTAL. TOTAL ADD'L FEE OR

If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

If the Highest Number Previously Paid For" IN THIS EPACE is less than 20, enter "20".

If the Highest Number Previously Paid For" IN THIS EPACE is less than 3, enter "20".

The Highest Number Previously Paid For" IN THIS EPACE is less than 3, enter "2".

The Highest Number Previously Paid For" (Notation in the lightest number found in the spanopriate box in column 1, and on the Highest number found in the spanopriate box in column 1, and on the second in the spanopriate box in column 1, and the second in the spanopriate box in column 1, and the second in the spanopriate box in column 1, and the second in the s DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460,